

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-036002

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318
FILED SEP 28 1962

Primary Registration District No.

1003

Registrar's No.

9188

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis

Length of stay in 1b
3 Wks.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Lukes Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
5475 Cabanne Ave.

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED

First Middle Last
Charles Robert Campbell

4. DATE OF DEATH Month Day Year
Sept. 20 1962

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
6-1-83

9. AGE (last birthday) 79
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Lathing & Plaster Cont.

10b. KIND OF BUSINESS OR INDUSTRY
Contracting

11. BIRTHPLACE (City and state or country)
Sullivan, Ind.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME (ret.)
Charles Campbell

13b. MOTHER'S MAIDEN NAME
Martha Bennett

14. NAME OF HUSBAND OR WIFE
Nelle Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

17. INFORMANT Address
Nelle Campbell, 5475 Cabanne

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral thrombosis

INTERVAL BETWEEN ONSET AND DEATH

8/30/62

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

332X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4/4/58 to Death and last saw her alive on 9/20/62
Death occurred at 3 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

Robert Paine M.D.

22b. ADDRESS

3720 Washington

22c. DATE SIGNED

9/21/62

23a. BURIAL, CREMATION, REMOVAL (Specify)
removal

23b. DATE
9-22-62

23c. NAME OF CEMETERY OR CREMATORY
Mt. Hope Cemetery

23d. LOCATION (City, town, or county) (State)
St. Louis County Mo.

24. FUNERAL DIRECTOR ADDRESS

Drehmann-Harral, 1905 Union Blvd.

25. DATE RECD. BY LOCAL REG.

SEP 21 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

Dr. Robert Paine
3720 Washington

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.